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The CANADIAN NURSE

VOL. XXXIII NUMBER 10

OCTOBER, 1937

A Royal Welcome
RUBY M. SIMPSON

Tuberculosis in Nurses
EDWARD L. ROSS, M.D.

Student Government
GRACE M. FAIRLEY

Protamine Zinc Insulin
JEAN I. TRENHOLME

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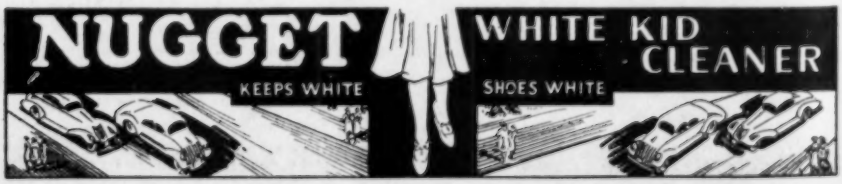

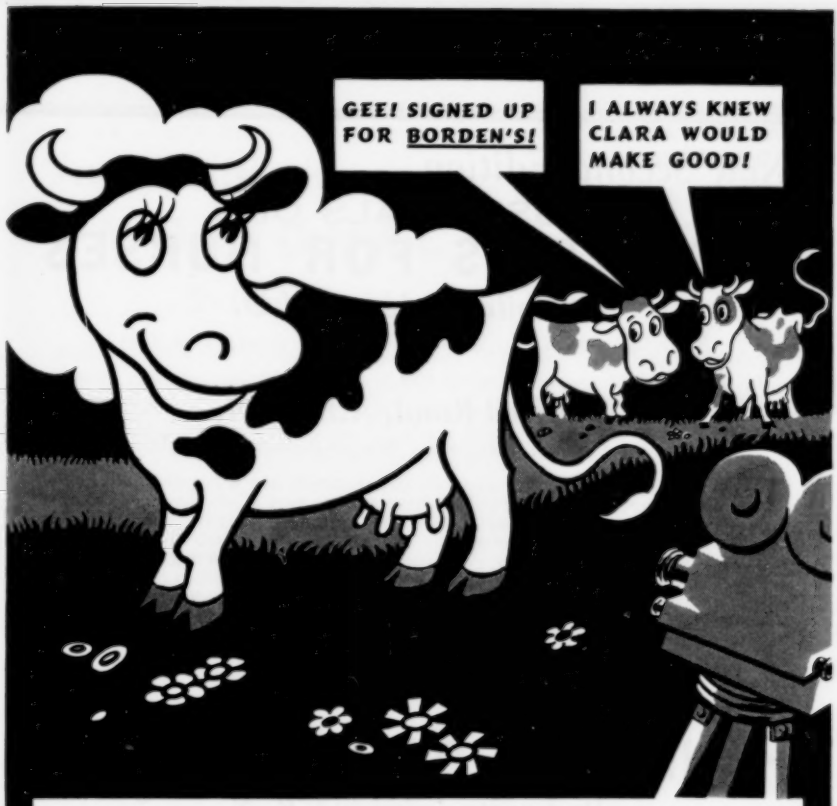

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-THREE NUMBER TEN

OCTOBER, 1937

A Royal Welcome

RUBY M. SIMPSON,

President, The Canadian Nurses Association.

"Do tell us about the garden party at Buckingham Palace". Evidently interest centres here! At any rate this is the most frequent request from nurses and others to those who were so fortunate as to attend the great Congress of the International Council of Nurses in London. And why not? Being presented to Queens is no everyday occurrence and none thrilled to the experience more than did the Canadians—"Buckingham Palace, they said nonchalantly to the taxi-driver", reports the news-story in the September issue of the *Journal*. Well, we can only remark that we must have sounded much more nonchalant than we felt!

The appointed hour was four-thirty but by four o'clock we were all there, and entering by the garden gate we approached the stately old Palace, set in its matchless carpet of green, studded with gay flower beds and hedged in by trees and shrubs. Who has not wondered what the Palace gardens, behind those imposing gates and high walls, might be like? They are most beautiful. Nurses were present from every corner of the world and they all agreed that the Royal grounds surpassed their expectations.

About 150 nurses were in attendance. Among them were seven Canadians: the five official delegates, Miss Ruby M. Simpson, Miss Margaret L. Moag, Miss Jean Church, Miss Grace M. Fairley and Miss Jean I. Gunn, with Miss Mabel F. Hersey, of Montreal, and Miss Elizabeth Smellie, of Ottawa. We must confess to some concern and trepidation as to how we should conduct ourselves at so important a party. It had, indeed, been a subject of agitated conversation among us for days. Rather to our surprise we found the arrangements exceedingly simple. The reception was in the garden where we were grouped in a line by countries, in the order in which we had joined the International Council of Nurses—Great Britain, the United States, Germany, Canada, Denmark and so on to Australia, Roumania

and Switzerland, the very newest arrivals. Some of the delegates were in their national costume—China, Japan, the Philippines and Roumania,—thus adding a note of jewel brightness to the scene. Some were trim and smart in outdoor uniforms; the majority wore afternoon dresses, their best, of course.

Queen Elizabeth and Queen Mary, with three Ladies-in-waiting, appeared at the Palace entrance and crossed the lawn toward us at 4.30 o'clock exactly. Queen Elizabeth wore a lovely summery gown and hat in a pale shade of orchid pink. Queen Mary was all in white and carried a white sunshade. Accompanied by the president of the International Council of Nurses, Dame Alicia Lloyd Still, and by the Executive Secretary, Miss Anna Schwarzenberg, they proceeded along the waiting line of nurses. Each group was presented by country, and each nurse by name, to both the Queen and the Queen Mother.

Setting off for the Palace
Miss Gunn, Miss Simpson, Miss Fairley

Curtseys were made, the two Queens shook hands with us all and when the presentations had been made, mingled informally with the guests and chatted with the various groups. They were charming and gracious and showed a real interest in everyone. Their information regarding the Congress and their knowledge of conditions in each country were really surprising. Quite apart from the honour, it was a pleasure to talk with them; their kindly attitude placed us at ease at once. They remained for tea, a royal tea, too, served in the Ambassadors' tent. At about six o'clock they returned to the Palace—and the party was over. But what a memory remains with us—the majestic figure of the Queen Mother, the lovely blue-eyed young Queen, the historic setting, and the guests—an international group representative of almost all the nations in the world. A never-to-be-forgotten day.

The Congress held many high moments—so many, that it is difficult to select those most significant. The "news story" in the September number of the *Journal* has told of many of them but a few others must be mentioned. The dinners, for instance, when the members of the Board of Directors and Grand Council were guests of notable persons in notable places. At the Dorchester Hotel, the Association of Hospital Matrons of Great Britain was hostess at a brilliant reception and dinner. It was our first introduction to an English toastmaster, with his fine red coat, and his sonorous voice in "Madam Chairman, Milords, Ladies and Gentlemen" —a real part of an altogether delightful affair. At St. Bartholomew's, as guests of the Treasurer, Lord Stanmore, and the Governors of the Hospital, we ascended the grand staircase adorned with wall paintings by Hogarth and dined in state, by candlelight, in the historic Great Hall, more than 800 years

The Queen chats with a group of Filipino nurses while Queen Mary greets Dame Alicia Lloyd Still.

old, with portraits of English Kings and famous "Barts" medical men looking down on us from the walls. At St. Thomas's, on the invitation of the Treasurer, Sir Arthur Stanley, we had dinner in the stately Shepherd Hall, Her Royal Highness, Princess Helena Victoria, and many distinguished men and women being among the guests. Later we repaired to the Florence Nightingale Home where many were presented to the Princess and where we browsed for hours among the Nightingale treasures. The gracious kindliness of Dame Alicia Lloyd Still will ever be remembered as an adornment of this and other occasions.

The reception of welcome by the National Council of Nurses of Great Britain was the first official social event and was held on the Sunday afternoon preceding the meetings of the Board of Directors and Grand Council, at 39 Portland Place, the home of the British College of Nurses. Here in the flower-adorned and spacious rooms we were received by the President, Mrs. Bedford Fenwick, the Founder of the International Council of Nurses, whose keen spirit and boundless energy at the age of eighty years were to arouse our genuine admiration in the ensuing weeks. With her were her colleagues, the Honorary Officers of the Association, equally gracious in their welcome. Tea was served in the Council Chamber and what a tea! We had not known that cakes came in such gorgeous variety! There was even an I.C.N. cake, cut and dispensed by the President, in happy mood. And such strawberries and raspberries, not to mention the ices which followed! We were told that it was a truly English tea. Who would not envy the English! A delightful afternoon was spent in meeting for the first time the delegates from other countries who were to be our fellow-workers and to become our friends in the days to follow and in examining, with Miss A. M. Bushby, who is in charge of the history section of the College, a choice collection of treasures. Many of us would have liked more time in that upper room to examine more minutely the pictures, the manuscripts, the porcelain and the pottery which tell so graphically the story of the progress of the profession of nursing. Miss Bushby is an interested curator and her enthusiasm was

easily transmitted to the changing group by which she was surrounded for the whole of the afternoon. The official reception was, we decided, quite one of the best parties!

For some, the History of Nursing Pageant was the highlight in a week of highlights. It was so unique, so admirably presented and so deeply affecting. Organized by Miss S. V. Hillyers, Sister Tutor in St. Thomas's Hospital, and presented for two days at the New Scala Theatre, the twelve scenes and six processional interludes which depicted our beginning and our progress through the ages, were arranged and enacted by nurses and student nurses of different hospitals, each hospital carrying out entirely the scene or interlude allotted to it. As the Pageant opens, a charming young student nurse in modern uniform, seated at one corner of the stage, turns the pages of the history of nursing. As she sits and ponders, the Spirit of Nursing appears and unfolds before her the scenes of which she is reading. Canadian nurses will remember the nurse who took the part of the Spirit of Nursing—Miss Bridges of St. Thomas's Hospital—who was one of the guests at our Silver Jubilee celebration in Toronto in 1934. She was a most happy choice for the part. Her dignity and grace and her delightfully clear, resonant voice made her an ideal narrator.

The scenes began with a welcome by students to a distinguished physician, Charaka, in India in 320 B.C., and continued through the years to the present day, with the final tableau, the memorial to Florence Nightingale, arranged and presented by the 1936-37 students of the Florence Nightingale International Foundation. Space will not permit a description of all the scenes, although they were well worth it, but some detail can be given. Following well-known historical incidents, Scene seven depicted Kaiserswerth "where the torch was lighted" which Florence Nightingale carried to Scutari. The Crimean scene was impressive, carrying out in detail the painting by Barratt, of the reception of the wounded. The establishment of modern schools of nursing seemed to follow in natural sequence right up to 1899 when, in Scene ten, a symbolical representation showed the founding of the International Council of Nurses with Ethel Gordon Fenwick as the central figure, "inspiring all with her international message."

Following an interlude of years, 1937 showed the fulfilment of the dreams of 1899, in an organization comprising an international group of 32 countries. Each country was represented by a lovely young student, attired in blue and silver and bearing the name of a country. They passed across the stage in the order in which they had affiliated, Great Britain and the United States leading. The latest arrivals, Switzerland, Roumania and Australia (the countries admitted in 1937) were shown as young children, gently led and assisted by the older countries. They passed to the back of the stage to form a group and, when all were in place, the watchwords of the International Council of Nurses were unfurled and we renewed in our hearts our fervent belief in them. The epilogue closed the performance most fittingly with the singing of a hymn, written by Sir Cecil Spring Rice:

I vow to thee, my country—all earthly things above—
Entire and whole and perfect, the service of my love.
The love that asks no question: the love that stands the test,
That lays upon the altar the dearest and the best:
The love that never falters, the love that pays the price,

The Crimean scene from the Pageant. Posed, with extraordinary fidelity, after the print of a painting by Jerry Barratt.

The love that makes undaunted the final sacrifice.

We left the theatre quietly and thoughtfully. The memory of youth and grace, harmony and beauty, as the Pageant re-lived our own history, went with us.

It must not be thought, however, that the Congress was all play, excitement and entertainment. Indeed, it was not. Many arduous hours were spent in committee and conference meetings in order that the official business of the great International Council might be organized to function smoothly during the next quadrennial period. Very little of the actual business of the Council was discussed at the Congress. It will be readily understood that such would be impossible with an attendance of more than 3,500 at the meetings. It was done by the Board of Directors, composed of the officers of the Council and the Presidents of the member countries and by the Grand Council made up of the Board of Directors plus four official representatives from each country. All matters were considered by the Board of Directors before being referred to the Grand Council. Meetings were held during the entire week preceding the Congress and many important matters were discussed. The President, Dame Alicia Lloyd Still, chaired all meetings. It was most interesting to note the differences in the viewpoint of the various countries and the manner in which such differences disappeared when discussion disclosed similarity in principle and objective. It was an object lesson in internationalism. When we break through the surface of our reserves and defences how alike we humans are, no matter what may be our race or creed!

The revision of the constitution and bylaws, which occupied a considerable amount of time, is usually rather dull work but strangely enough it did not so prove in this case. The interest was keen and continued. Under the able chairmanship of Miss Jean Gunn, who is recognized as an outstanding leader in the International Council and whose sound common sense and clear thinking are highly appreciated, difficulties were removed and obstacles overcome

Mrs. Bedford Fenwick and one of the Chinese delegates

until the changes finally accepted were quite satisfactory to all. Three countries were accepted into full membership—Roumania, Switzerland and Australia. Syria, Palestine and Latvia were accepted as associate members; as such they will have a representative on the Grand Council but without power of vote.

The representation of the International Council on the Florence Nightingale International Foundation was a matter of moment to which much time and thought were given. Since all countries have both an educational and a financial interest in it, it was considered essential that the representation be international and, at the same time, that the members chosen should be so located as to be available for meetings in London. Accordingly five members were elected to the Grand Council of the Florence Nightingale International Foundation: the President of the International Council of Nurses (now Miss Effie Taylor, of the United States); Dame Alicia Lloyd Still, (President of the Foundation); Sister Bergliot Larsson, (Norway); Baroness Von Hogendorp, (Holland); Mlle. Damman, (Belgium). To the Board of Management of the Foundation, the following were elected: Miss Venny Snellman (Finland); Miss Duff Grant, (England); the chairman of the Education Committee, Miss Isabel Stewart, (United States).

Many committee reports were received, fully discussed and plans made for a continuance of the work, in several cases with no change of chairman. The difficulties of work in committees whose members are in all corners of the world are almost incomprehensible. We chafe and complain at times because days are required for contact between members by letter. It requires patience of a high ordere to carry on the work when weeks and months are required for correspondence.

The chairmen of the committees (which we know in our Association as Sections) are: Private Duty, Miss Isobel Macdonald, (England); Education, Miss Isabel Stewart, (United States); Public Health, Miss McEwan, (England). Canadians were elected to several of the committees: Membership Committee, Miss Florence H. M. Emory, (Chairman); Constitution and Bylaws, Miss Jean Gunn, (Chairman); Programme, Miss Jean Browne and Miss Elizabeth Smellie; Publications, Miss Ethel Johns; Nominations, Miss Ruby M. Simpson; Ethics of Nursing, Miss Mabel F. Gray.

Genuine satisfaction and much pleasure were expressed at the honorary membership conferred on four nurses, internationally known — Miss Mary Beard and Miss Elizabeth Crowell of the Rockefeller Foundation, Dame Alicia Lloyd Still and Sister Bergliot Larsson. All have given freely and gen-

erously of their time and ability in the interest of the advancement of nursing and have fairly earned the honour bestowed upon them.

The United States was chosen as the place of meeting for the Congress in 1941. European nurses are looking forward enthusiastically to a visit to our side of the Atlantic. It is hoped, too, that large representations will come from the Pacific countries, who, this year came such a long distance, under very difficult travel conditions. They were delighted with the choice of place for the next Congress. If their enthusiasm holds, and it will, there is every reason to believe that they will bring many of their comrades with them. We, too, were pleased. We shall hope to have many of the visitors in Canada, either before or after the Congress. The city which will be honored by the Congress will be chosen later.

The list of new officers will be of interest: President, Miss Effie Taylor, (United States); First Vice-President, Miss Jean Gunn, (Canada); Second Vice-President, Miss B. Alexander, (South Africa); Third Vice-President, Mlle. de Joannis, (France); Treasurer, Miss M. Musson, (England).

The new President, Miss Taylor, is the Dean of the School of Nursing at Yale University. She was born in Canada and although she has been in the United States for a number of years, she is well known to Canadian nurses and will be remembered as a visitor at our Biennial Meeting in Vancouver when she so delightfully brought felicitations to us from the American Nurses Association. Her broad experience, her unusually deep sympathies and rare understanding will fit her admirably for the high office and difficult task which she has undertaken.

Miss Anna Schwarzenberg continues as Executive Secretary in the new International Headquarters at 51, Palace Street, London, the transfer from Geneva having been made just before the Congress. A very charming and efficient official she is, too. She was a general advisor this year in all sorts of problems, many of them not official! It will be a pleasure to meet her again in 1941.

With sincere regret we parted from our friends, fully aware of the deeper insight into human relationships which we had gained from companionship with them. To the nurses of Great Britain we acknowledge a debt of gratitude of which we are deeply conscious. By the President of their national Association, Mrs. Bedford Fenwick, by their other leaders and by their individual members we were shown the greatest possible courtesy, kindness and good-will. For years this Congress has been uppermost in their minds and hearts. No

Two nurses from Japan and one from Korea

sacrifice, no effort and no expense were spared to make it the great success which they one and all were determined that it should be. There were many object lessons in self-effacement: guests, and the success of the meeting came first. Through their efforts it was an ever to be remembered occasion, one which will undoubtedly go down in the history of nursing as an outstanding event, the influence of which will be felt in nursing and nursing organizations the world over. Surely beyond their greatest expectation the Congress was a success. With this knowledge they will no doubt be rewarded and content. The Canadian Nurses Association can only say to the National Council of Nurses of Great Britain "We thank you", realizing, as we say it, the inadequacy of words to express the sincerity of our feelings.

Protamine Zinc Insulin

JEAN I. TRENHOLME,

Head nurse, Metabolism Department,
Royal Victoria Hospital, Montreal.

Since the discovery of unmodified insulin by Banting in 1922, diabetics have held fast to the hope that some day insulin by mouth would be available. While Protamine Zinc Insulin is not that product, it so outclasses unmodified insulin in a more nearly ideal control with less inconvenience, that patients have received a renewed stimulus for living.

The word protamine has its derivation from the Greek "protos" meaning first, and "amin" a base. It is a simple protein of basic properties, forming salts with mineral acids, obtained from spermatozoa and fish-spawn. The source of that used for the Canadian-made insulin is the sperm of the British Columbia salmon. Protamine insulin was first reported in 1935 by Hagedorn, Jensen, Krarup and Wodstrop-Nielson of Copenhagen, Denmark. The combination of insulin and protamine as described by them, was shown to have a more prolonged effect than the unmodified. The addition of a small amount of zinc to protamine insulin was later demonstrated by Scott of the University of Toronto as having an even more prolonged effect and an increased stability.

The well controlled diabetic is one who receives a diet sufficient to maintain body weight, permit growth, enable the patient to carry on his work satisfactorily and still maintain blood sugars within the normal limits. If this can be accomplished the likelihood of infections secondary to diabetes is greatly diminished.

Few diabetics are able to attain this ideal control without the aid of insulin. Unmodified insulin has meant life itself to many patients but at the same time allowed wide fluctuations is blood sugars resulting in hyper-glycaemia and hypoglycaemia in the same day.

Unmodified and Protamine Zinc Insulin may well be compared to the ordinary intravenous injection and continuous intravenous infusion. The for-

mer is introduced quickly and quickly spent—the latter enters the system at a more uniform rate over a prolonged period of time.

In adults the theory of this action is an established fact. Naturally, during the period of adjustment there may be some reactions and at other times periods of hyperglycaemia. Once the maintenance diet and insulin dosage are established the intelligent co-operative patient carries on very well, maintaining a satisfactory blood sugar range throughout the day.

Unfortunately the lowest blood sugar occurs in the early morning hours, frequently when the patient is sleeping. It was thought that by changing the time of administration this might be avoided. Blood sugar curves throughout the twenty-four hour period did not verify this theory; the low level still occurs during the fasting hours and a temporary peak follows the intake of food.

The child diabetic presents a more difficult problem. Fluctuations in blood sugar throughout the twenty-four hours vary as much as 400 milligrams per cent. Protamine zinc insulin, as now prepared, contains about two per cent free insulin which is not sufficient to handle the quick rise in blood sugar following meals.

Juveniles treated with unmodified insulin, unless given a late night dose, started their day with an excessively high blood sugar. Protamine zinc insulin eliminates the high fasting sugar but, unfortunately, the twenty-four hour curve is essentially the same—the period of hyperglycaemia merely being shifted to another part of the day. By increasing the dosage sufficiently to overcome the hyperglycaemia, the patient develops reactions in the early morning. As the child diabetic presents the truest picture of real diabetes naturally much thought has been given to his problem. Meanwhile work is being carried on to find that combination of insulin—protamine and zinc which will give the child diabetic the benefits now enjoyed by the older members of the diabetic world.

The actual composition of protamine zinc insulin, whether a chemical combination or a physical adsorption, is still a debatable question. For this reason every precaution must be taken to avoid introducing any foreign substance which might alter its composition. A dry needle and syringe previously sterilized in plain water is the best. A large majority of patients have been accustomed to this method of sterilization, and by draining off the water immediately the hot syringe and needle dry quickly.

Protamine zinc insulin should be thoroughly mixed before using by rotating the bottle several times. Shaking tends to produce bubbles which may contain part of the active principle of insulin and therefore a non-uniform dosage may result. When ready for use the substance is a milky coloured solution. Extreme heat crystallizes the preparation and renders it inactive, as does freezing. It should be kept in a refrigerator when not in use. Unmodified insulin is a colorless liquid which does not form a precipitate in standing and can be kept at room temperature.

The actual administration of the hypodermic is similar to that of unmodified insulin, care being taken to change the site of injection each time. The time of administration rest with the physician and it may be given once daily either morning or evening. From the patients point of view the morning administration is more practical as many of those who are working have breakfast at home and the other meals outside. It leaves them freer to enjoy their day like the average individual without the necessity

of remembering a hypo at a certain time.

Patients treated with Protamine zinc insulin seem to tolerate a lower level of blood sugar without symptoms of reaction. This statement may tend to give a false sense of security as it has been found that many patients develop secondary or severe symptoms without warning to themselves or others. The symptoms do not vary greatly from those due to unmodified insulin with the exception of headache which was rare with unmodified insulin. The importance of an early recognition of a reaction must be stressed to the patient in order to avoid serious results.

The treatment of reaction due to unmodified insulin consists of the administration of glucose or a readily available carbohydrate in small quantities at ten-minute intervals until relief of all symptoms is obtained. Protamine zinc insulin reaction requires a slight alteration in standard treatment. It must be remembered that the blood sugar may reach reaction level and the insulin still continue to be liberated into the system. It is therefore necessary to treat the present condition and to take care of the continued flow of insulin. This can be accomplished by giving 5 grammes of glucose and if at the end of ten minutes symptoms are not relieved, or if they recur give a small feeding, such as one half glass of milk and a soda biscuit, which is absorbed as the insulin is liberated.

Following a reaction, the insulin dosage should be decreased according to the severity of the reaction and treatment necessary. A safe system is a four unit decrease for a reaction necessitating one 5 gram glucose powder, or eight units for a more severe one requiring further treatment. The diet should not be altered.

Observation of a group of children showed the juvenile reactions to present a more alarming picture. Unaware of, or else ignoring early symptoms—one minute happy at play the next in a stuporous condition falling wherever they happened to be. Even in this advanced state of hypoglycaemia the swallowing reflex is usually present and glucose can be administered by mouth. However absorption from the stomach is apparently affected, slowing it so much that intravenous glucose is necessary to relieve symptoms in many cases.

It is doubtful whether Protamine zinc insulin will be successfully used in the treatment of coma or severe infections without the aid of unmodified insulin because of its slow rate of absorption.

Much has been written on the question of diet in relation to Protamine zinc insulin. It is still, however, an arbitrary question. Various types, and various divisions of the same types have been tried. If it becomes necessary to adapt a complicated dietary system, the convenience of having to administer insulin only once daily will be completely overshadowed by the inconvenience of the diets.

The work which has been done seems to prove that three meals a day plus a small night feeding, which is deducted from the total values, is quite as satisfactory as the more complicated diets. The night feeding makes the danger of reaction during sleep somewhat less.

The change from unmodified insulin to Protamine zinc insulin is not necessarily a prolonged affair nor does it necessitate hospitalization. The change can be accomplished in the home with the co-operation of an intelligent patient. The use of Protamine zinc insulin either for a new diabetic or a change from unmodified to Protamine zinc insulin must however, under no circumstances, be done without a doctor's supervision.

THE EDITOR'S DESK

Need these things be?

Several clear and authoritative studies of the incidence of tuberculosis among nurses have been made under the auspices of the Manitoba Sanatorium. The latest of these, a report of which appears in this issue of the *Journal*, was directed by the medical superintendent of the Sanatorium, Dr. Edward L. Ross. To say that this study requires the careful attention of every superintendent of nurses in this country is to point out what should be obvious to any thinking woman. The *Journal* has no intention of being an alarmist but we are in duty bound to ask for careful consideration of the implications of the following paragraph which we quote verbatim from the article in question:

A young woman on entering upon training as a nurse should have a complete physical examination, a tuberculin test and a well-made and well-interpreted X-ray film of the chest. These procedures should be repeated at least yearly, or oftener, especially if the tuberculin reaction is negative. Two general hospital graduates admitted in the past year, one of them with hopeless disease and now dead, had chest films at the beginning and throughout their course. Both had definite small lesions showing in their earlier films but they were given no warning or advice. No examination procedures, however elaborate, are of much use unless carefully considered in relation to the individual.

Dr. Ross suggests the measures which should be taken to protect our young nurses. The sooner we follow his advice the better.

Readers' Guide

In "A Royal Welcome," Miss Ruby Simpson, O.B.E., president of the Canadian Nurses Association affords our readers a delightfully intimate glimpse of the social events, given under distinguished patronage, during the International Congress. △ The iron-clad military discipline of the past is, in some schools of nursing, being superseded by some form of student government. In an address delivered before the International Council of Nurses, Miss Grace M. Fairley outlined the advantages of the new system. This address, slightly abridged, appears in this issue under the caption of "Student Government." △ Miss Jean Trenholme gives a clear and interesting explanation, based on clinical observation, of the use of protamine zinc insulin. △ Miss Kathleen Harvey discusses, in the light of actual experience, the problem of maintaining an adequate nursing service in small hospitals.

Dignified Publicity

As a profession nursing does not always receive the sort of publicity which nurses think it deserves. It is, therefore all the more gratifying to read an editorial, quoted on this page in full, which appeared in *The Times* at the close of the recent International Congress of Nurses. We owe a debt of gratitude to the greatest of English newspapers for this temperate yet challenging statement of the case for nurses. Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses for Canada, was kind enough to bring this article to our attention. It appears in the current "Forum" of the Order and the Journal is glad to give it a still wider distribution:

The Quadrennial International Congress of Nurses has added prestige to a profession which from year to year is realizing more clearly its office and its mission. Nursing received its modern accolade from Miss Nightingale, but there had been earlier occasions when reverence was done to the spirit which compels to service in circumstances of the greatest difficulty and dis-

tress. Reverence finds a new justification to-day in knowledge which is ever increasing and broadening, and in technical skill which is making knowledge more and more effective. If the Congress has proved nothing else, it has proved that a vocation and a profession are complementary to one another.

But the nurses insist, with propriety, that vocation must not be exploited and thus robbed of its effectiveness. The discussions about hours of work, food, housing, and remuneration have public as well as professional importance, and cannot wisely be overlooked, even by hospital authorities. Those who volunteer to join a rescue party are entitled to demand that their work of rescue shall not be hindered by the imposition of personal distresses. When they ask for minds freed from anxiety and for bodily conditions of health, they are speaking much more for those whom they hope to succour than for themselves. Nurses have borne heavy burdens in the past, and none has heard complaint from them. But a congress of nurses has a duty laid upon it to warn Governments and institutions that such fortitude represents waste rather than example, and constitutes a slur upon those on whose behalf it is being exhibited.

Nor is the plea of poverty any adequate defence of conditions which obtain to-day in far too many institutions. Sweated nursing is necessarily and inevitably second-rate nursing, if only because a nurse who is physically or mentally weary cannot satisfactorily perform her office. Such a nurse may be ready to give her health for her patients—and the sacrifice is by no means unknown; but she cannot give what she does not possess, namely the alertness and activity which belong solely to those who have been refreshed and restored by leisure. Because her leisure is insufficient, or, which is the same thing, unduly restricted in its scope by lack of means, she will derive less benefit from her training than might have been derived from it, and she will carry this handicap, with daily additions, throughout her active life. Nor is the prospect of what awaits her when her active life is finished calculated always to alleviate her anxiety. A profession which demands excessive expenditure of youth and health is a profession ill-organized and inefficient. The Congress of Nurses is to be congratulated on having set the well-being of the nurse herself side by side with that of her patients, and on having insisted upon the incongruity of fatigue with treatment. Against that background of common sense the lectures and discussions upon technical subjects have achieved an added significance in keeping with their catholic nature.

Library for Sale

A carefully selected reference library of about twenty-five volumes is available for purchase at a nominal price. These books, which are in excellent condition, would be most useful to instructors as well as to students. Enquiries should be addressed to *The Canadian Nurse*, Ste. 401, 1411 Crescent St., Montreal, P. Q.

THE INTERNATIONAL COUNCIL OF NURSES

The International Council of Nurses invites applications for the appointment of

ASSISTANT SECRETARY

Commencing salary—£300 per annum. Candidates must be general-trained, State Registered nurses, English-speaking, with a knowledge of French or German; secretarial and, if possible, journalistic experience required.

Particulars may be obtained from The Executive Secretary, The International Council of Nurses, 51 Palace Street, London S. W. 1.

Applications, with not more than three testimonials (copies only) must be received not later than December 1, 1937.

Tuberculosis in Nurses

EDWARD L. ROSS, M.D.,

Medical Superintendent, Manitoba Sanatorium.

A paper was published in 1929 giving particulars and conclusions about sixty nurses and students of nursing admitted to the Manitoba Sanatorium in the five previous years. Since that date seventy-five others have been admitted. There is no doubt that the tuberculosis morbidity among nurses, especially nurses-in-training, is excessive and apparently increasing, since our second series is larger than the first in spite of the fact that a new Sanatorium in the province now shares these cases with us. A great many studies of this subject during the past five years shows the same trend, although a recent report of the Canadian Hospital Council indicates some evidence of decrease.

Ferguson of Saskatchewan reports that 5.14 percent of all patients under treatment by the League are nurses or nurses-in-training and an additional 1.22 per cent are other hospital attendants. The incidence of breakdown among nurses in general hospitals in Saskatchewan between 1930 and 1933 was 12.7 per thousand, twelve times that among the general population and eight times that found among 3,376 normal school students, mostly females and of approximately the same age group as the nurses. The following is mainly a review and summary of a study of both the Manitoba Sanatorium series mentioned above, that is, of 135 nurses or nurses-in-training who have had some clinical manifestation of tuberculosis.

Tuberculosis cannot develop without previous infection with the tubercle bacillus, though, as we all know, very few of those infected develop actual disease. What is this source of infection in a general hospital which does not accept tuberculosis patients as such? Tuberculosis is a background disease and undoubtedly a considerable proportion of the patients who come in with broken bones or pneumonias, influenzas or in need of operations, or for childbirth, carry with them much latent or semi-latent chronic disease, including tuberculosis. These more or less latent background conditions, which are seldom fully inquired into and often entirely unknown, can and do carry infection into the wards.

Tuberculous people in general hospitals may be safely treated if known and classed as tuberculous, and if the training and experience of the nurses includes the essential measures for the care of the tuberculous. But undiagnosed and "untagged" tuberculous patients are always a danger, especially if the routine teaching and training of nurses in general hospitals do not include measures necessary for the proper and safe care of the tuberculous. A cough is practically always infective, whatever the cause. Every cough from every cause should mean a covered mouth. Nurses presumably are instructed about the care and proper disposal of all other discharges and excreta, but the dangers of cough and expectoration, especially cough, they do not know so well.

In 1931 the Canadian Tuberculosis Association passed the following resolution: "We are strongly of the opinion that in all general hospitals, on the admission of all kinds of patients an examination of sputum for tubercle bacilli should be made as much a routine as examination of the urine, and, if possible, an X-ray chest film should be made of all patients admitted."

Now consider the student nurses as

they enter hospitals. They are very young, not only in years, but in life experience and have seldom been in contact with disease. They have the "softness" of those unaccustomed to hard work, and the comparatively little tuberculosis infection they may have met in our cleaner and clearer modern communities has given them no chance to build up immunity. Twenty years ago the death rate from tuberculosis in Manitoba was five times greater than it is today, which must have meant five times, or ten times, as much unrecognized tuberculosis in the hospital wards as there is now. In spite of this, tuberculosis is now much more prevalent among nurses than it was then, at least in comparison with other girls of the same age group.

With the present white population death rate of about 32 per 100,000, the tuberculin reaction among young girls entering training is about 30 to 50 per cent positive, whereas twenty years ago practically all young adults had a positive reaction. The students of nursing of today enter the hospital much freer from tuberculosis infection than they did some years ago. They have grown up in homes with less infection, have been guarded against infection, and altogether have not had an opportunity, through infection, to acquire natural immunity. This virgin soil is very susceptible, as is the virgin soil of infants, to the infections of such a gathering place of disease as a hospital.

How can the student nurse entering the hospital be made safer? The gradual home and community tuberculization of the student nurse of twenty years ago, which was her best protection has largely been lost. The time has not yet come when we can infer immunity by deliberate vaccination. It would seem advisable for the candidates to wait a little longer outside hospital for the gradual tuberculization that may serve as a vaccination — that is that the age of entrance upon training should be raised to twenty-one. Such a plan is undoubtedly open to many objections. And since the amount of infection in communities is gradually lessening perhaps the student entering even at twenty-one is still without this naturally acquired resistance.

In the meantime, if preparing the soil to resist the evil seed is doubtful, at least every effort can be made to destroy the evil seed itself. How can the opportunities for gross infection be lessened?

1. By giving every student, at the very beginning of her course, instruction in infectious disease technique.
2. By raising the defensive efficiency of the standard hospital routine, recognizing that there will always be unrecognized disease in every ward.
3. By closer search for background and chronic disease in all patients admitted.

A young woman on entering upon training as a nurse should have a complete physical examination, a tuberculin test and a well-made and well-interpreted X-ray film of the chest. These procedures should be repeated at least yearly, or oftener, especially if the tuberculin reaction is negative. Two general hospital graduates admitted in the past year, one of them with hopeless disease and now dead, had chest films at the beginning and throughout their course. Both had definite small lesions showing in their earlier films but they were given no warning or advice. No examination procedures, however elaborate, are of much use unless carefully considered in relation to the individual.

The nurse on or before entering training should be made to fully understand that a gathering place of disease such as a general hospital cannot be entirely without some hazard to her health. It is the duty of the hospital to protect the nurse, yet on the other hand, she has some responsibility in the matter and

common sense and full co-operation from her should be expected. Our recommendations briefly summarized are as follows:

1. Raise the age of entering upon training to 21 years at least.
2. Examine the new student on entering hospital and correlate with the examination a well-taken and well-interpreted X-ray film of the chest. These procedures should be repeated at least yearly.
3. A tuberculin test should be made on all students at the beginning of their training. If the reaction is negative, repeat the test and also have a chest film at intervals of every six months.
4. The student should have her tuberculosis and infectious technique training early in her course.
5. The hours of work are, perhaps, well regulated, but it is important to investigate the total hours of energy expenditure on and off duty. Supervision of rest time should be strict and adequate hours of sleep insisted upon.

Scores of students of nursing lose health and life through hospital-contracted tuberculous infections. Practically all students become tuberculin-positive during their course, showing that they have become infected even if disease should not follow. The hospital cannot avoid responsibility for the infection of nurses until the utmost of medical and nursing science has been used to prevent it. Among the things that can be done are a more thorough diagnosis of all patients, chest films of all patients as a routine, also examination of sputa, and the instruction of graduate nurses, and graduate doctors as well as students of medicine and nursing, about the danger of the unguarded cough.

The International Scholarship

GRACE M. FAIRLEY

Chairman, Nightingale Memorial Committee, Canadian Nurses Association

In the current issue details of the scholarship to be awarded by the Canadian Nurses Association for the year 1938-9 will be found but the significance of this scholarship and the opportunities it offers could never be covered in an official announcement.

It is the fifth scholarship to be so awarded and it is hoped that there will be keen competition between the nine Provinces for this coveted prize. In the past few years the number of applicants has not been large and one wonders if the fact that there is only one scholarship makes members of the Canadian Nurses Association hesitate to fyle an application.

If the Foundation is to justify the objectives laid down in its constitution, it will be by each country sending women of outstanding ability, who, by virtue of their preparation and experience are able to get the most out of the courses offered. Upon their return to their respective countries they will thus make such contribution to the profession that there will be no doubt of the Memorial being truly educational and conferring benefits, national as well as international.

During the first week of July the Council of the Foundation met in London, just prior to the I.C.N. Congress. The different countries were well repre-

sented and it is hoped that the deliberations will materially affect and improve the courses offered. Every effort is being made to broaden the scope of the Foundation, to increase elective opportunities for women doing specialized work, and to meet the widely diversified needs of those coming from different countries. It is desirable, therefore, that from Canada those who contemplate taking the course given under the auspices of the Foundation shall be women with outstanding academic preparation as well as definite ability and experience in some field of nursing.

To those who were privileged to attend the Grand Council of the I.C.N. it was interesting to note that in a great many instances the official delegates were women who at some previous time had taken the course at Bedford College either when it was under the auspices of the League of Red Cross Societies or in later years under the aegis of the Florence Nightingale International Foundation. In almost every case they were women who are holding prominent executive positions in their respective countries, either in public health, hospital administration or nursing education. One could not fail to be impressed by the fine calibre of womanhood as well as the professional attainments of these "Old Internationals". As yet, hospitals, schools of nursing and public health organizations have not followed the example of universities and colleges in adopting the policy of a sabbatical year but it is likely that such organizations would willingly and gladly grant leave of absence to members of their staffs who have the desire and the ambition to further their professional work by taking one of the splendid opportunities offered by the Foundation.

It is hoped that the provincial Associations will stimulate interest among their members, who have so generously supported the Foundation thus far and that there will be a large number of applications.

The instructions are clearly laid down in this *Journal* and it will be of definite assistance to the award committee if prospective applicants will follow closely the instructions relative to the fyling of applications.

The Committee of Management of the Foundation earnestly hopes that the various countries will encourage the application of independent students as well as those who are fortunate enough to receive scholarships, as the future development of the Foundation will depend on the financial support and interest of the different countries.

Student Government

GRACE M. FAIRLEY,

Principal and Director of Nurses,
Vancouver General Hospital.

Student government, or self management by student nurses of their own affairs, has been in effect in a number of training schools, to a greater or lesser degree, during the past two decades. It was a natural development and not altogether new, as students in other types of schools and colleges were feeling the urge of self-expression, and were demonstrating ability to organize their social and recreational activities. Most hospital administrators and nurse educationists were in sympathy wtih the movement, realizing that they were preparing groups of young women to accept responsibility and that, given an opportunity to develop their own affairs during the undergraduate course, they were more likely to be ready for responsibility at the completion of their training.

While the very nature of the nurse's duties, professional and social, demands ethical standards and a mental and moral discipline which definitely tends towards character building, those of us who can look back to the opening years of the century realize that there was much that was included in the disciplinary code at that time (and in some institutions still so), that, in retrospect, seems unduly rigid and questionable as to real value or merit. The list of "don'ts" which faced the young student nurse when entering on her professional career left little room for originality of thought or action. One might ask "did the product of the schools of that period not justify the methods in force?" What suggested the change?

Several factors played a part in the introduction of student government. The two most outstanding and which appeared on the horizon simultaneously were: first, the presence in schools of nursing of students from universities and colleges where some form of council had been in effect, and who therefore felt the need in their new sphere, and secondly, the inclusion of students from schools of nursing in the various activities of the International Student Christian Movement. In fact, the invitations of the latter to join in their conferences were, in not a few cases, the raison d'être (on the American Continent at least) of the developments of some form of student organization. The student nurses wished to accept these invitations and qualify for membership so that they might send delegates to their conventions, but realized they were not organized to do so.

In most hospitals the movement began in a simple way, with the appointment of the usual officers and the organization of groups for some particular functions, such as religious study groups; Sunday evening vesper services; social activities such as dances, tennis matches, etc.

Prior to this date practically all social functions were arranged and given by the Hospital authorities and the students were essentially the "guests". Now the

students make the plans, do the decorating, arrange any special feature, and the consensus of opinion is that they derive considerable benefit and pleasure from so doing. The plans for inter-hospital tournaments — tennis, swimming, basketball, — are made as a rule, by the students in those hospitals where student government is in force.

In most organizations, usually referred to as the "Student Council" or "Student Association", there is a definite constitution or book of rules. These may vary somewhat but are in the main fairly uniform and patterned after similar organizations. There is an executive appointed by the students and the Matron or Director of Nursing acts in an advisory capacity and is usually the Honorary President. The Home Supervisor or Home Sister may also be included, she being particularly interested in the "off duty" life and extra-curricular activities of the students. The presiding officer is usually selected from the senior year and the other officers from each undergraduate year. Having observed the development of student government for a number of years it is interesting to note how seldom an error in nominations or elections is made, showing that the student body as a whole has a real respect for and appreciation of leadership and for those of their number who demonstrate strength of character and forcefulness.

If there are funds available it is helpful (especially in large hospitals) to have the assistance of a social director, either part or full time. She may be either a teacher of physical culture, a Y.W.C.A. instructor, or someone who by training and natural gifts as a hostess lends leadership and guidance in the planning of programmes. Students have comparatively little spare time and there are not many (and sometimes *not any*) members of the staff who have sufficient free time to discuss arrangements with speakers and artists, when preparing for any special function, and a paid official who can suggest how to go about the initial approach is of great value.

In some schools the registration fee (in part or whole) is used as a Training School Fund for the specific purpose of defraying such social and recreational expenses as cannot legitimately be charged to the hospital and yet are essentially a responsibility of the Training School. Such items may include renting of tennis courts if the hospital does not possess such, the fees for a swimming pool, prizes for tournaments and incidental expenses for dances,

Sub-committees are appointed, such as (a) social; (b) religious; (c) library; (d) sick visiting, (e) glee club; (f) dramatic club. The social convenor should have a representative from each year on her committee so that the interests of all are covered. This is probably the most active committee and one that needs to be carefully chosen. It may plan for such activities as:

1. The appointment of Big Sisters prior to each probationary class entering—the Big Sister writing to the prospective probationer, giving her a few practical hints on what to do and what not to do—usually the result of her own recent experiences!

2. A tea, or simple "party of welcome", after the probationers arrive.

3. A special entertainment of a more formal type when the class is "accepted". On the American Continent this is known as "Capping Day".

4. Class dances.

5. Tennis tournaments with neighboring hospitals.

6. Garden parties, bridges, etc. to raise funds for their social functions. (Quite a few student groups have raised money for the Florence Nightingale Memorial Fund through such affairs).

The value of this type of organization undoubtedly is that it tends to develop a greater sense of responsibility; it prepares students for organization work such as conduct of meetings and knowledge of parliamentary procedure, it gives an opportunity for self-expression, as well as practice in public speaking, and in many cases brings out latent talent.

One of the primary rules of most Student Groups is that they report themselves to their class representative, monitor or president, if they break any house rules such as over-staying leave, rather than the old method of hoping not to be found out and being punished if found out. To the young woman of integrity this method appeals, but there are always some who like to evade regulations or who cannot accept with good grace the punishments meted out by the Student Council.

The Student Council executive and class representatives should meet regularly to deal with organization business —these meetings are usually held monthly. Mass meetings may be arranged at intervals either quarterly or at the call of the Council. The Council at its monthly meetings, or at special sub-committee meetings held at more frequent intervals, deals with misdemeanors. The jurisdiction of the Student Council is exclusively in connection with residence and social life and has no authority or permission to discuss, either at Council or mass meetings, matters pertaining to educational policy, "on duty" regulations, or anything other than home life. Sometimes a student, or group of students, will present a suggestion or request which is outside their sphere and this requires prompt handling and is one of the reasons why it is wise for a member of the Training School Staff or Faculty to be present. It is merely a matter of wise guidance as an incident of this kind sometimes happens when there is a new executive, the members of which are not quite sure how to handle it. There is also the definitely critical individual or group who might get out of bounds if not guided, but they would do so whether student government were in effect or not. It is the present speaker's experience that the majority of students do not support any semblance of trouble making.

The mass meetings also give the Matron or Director of the School an opportunity of clearing any doubt of this kind in an impersonal way. Should a subject be presented over which the students have no control, an explanation can be made showing the hospital's attitude, or the Board of Directors', or Matron's point of view and thus giving them one's confidence. This often clears the air.

On the whole, and there are a sufficient number of Training Schools with long experience of student government to justify forming definite opinions, the advantages outweigh any weaknesses of this system. The erratic hours of student nurses, difficulty in members of the Council arranging meetings at an hour suitable to all, are a few of the reasons that make organization difficult. It is found, in most hospitals, more satisfactory to have compulsory attendance at Council meetings, and mass meetings of all except those who cannot be relieved from duty. Council meetings must be compulsory if the organization is to function satisfactorily and head nurses (sisters) should so arrange in planning the members' off-duty and ward schedule.

It will be seen therefore that more consideration is being given to any scheme that will ensure a life as nearly approaching the normal as possible, and a realization that students of the ages of from nineteen to twenty-five should be given every opportunity to think for themselves. Student government is one

method that gives definite opportunity for such development and in discussing it with a group of student nurses recently they expressed themselves as:

1. Enjoying the privileges of student government.

2. Appreciating the opportunities for group discussion, and being particularly impressed at the commencement of their course by the reasonable freedom in the home life and of the fact that a student organization was functioning.

3. Conscious of its value as a preparation for alumnae and other nursing organization responsibilities.

4. On the whole, ready to accept more willingly the regulations imposed by their Council than if emanating from the faculty.

5. When acting either on executive or committees, developing a sense of responsibility and appreciating the need for regulations when the hospital's problems and needs are discussed in conference.

6. Enjoying this channel of impersonal approach to hospital authorities, whether to ask for privileges or to air grievances.

Editor's Note: This article is a slightly abridged version of an address delivered before the International Council of Nurses, on July 20, 1937, in London.

Nursing Service in the Small Hospital

KATHLEEN HARVEY, R.N.,

Superintendent, Middleton Hospital, Middleton, N.S.

The small hospital is the answer to the desire of the patient and his physician to have special facilities for caring for the sick, near home. To meet this demand, we have, throughout our country, small hospitals established in many of the towns, and serving large rural districts. They are usually built by community effort, and are supported in the same manner, with Government aid. They possess, as a rule, the confidence and loyal support of both the town and the rural community.

The staff is composed of the local physicians, usually general practitioners, with now and then a general surgeon. Like the large hospital, the small hospital has its problems. These frequently require more tact, and may I say just as much thought and care, as in the case in a large institution, because the eyes of a small community are upon it, and it is the object of their fondest solicitude. The most important problem, apart from the financial one, is that of giving adequate nursing care to the patient, and I propose briefly to consider the ways this may be attempted and the problems resulting therefrom.

There are four recognized methods

hospital. These include: (a) by conduct- of securing nursing service in the small ing a training school; (b) by employing a staff of graduate registered nurses; (c) by employing nurses' aids to supplement the graduate service; (d) by employing both registered and unregistered nurses, with or without nurses' aids.

In most of our small hospitals, the first thought has usually been toward establishing a training school for nurses, thus giving the required nursing service at the least expense. The communities favoured this plan because it permitted some of its daughters to become nurses, almost within the shelter of their homes. These girls entered as pupil nurses and followed the Standard Curriculum, as nearly as possible. The local doctors gave lectures, varying in frequency and preparation in relation to the demands of busy practices. The superintendent and her assistant did what they could and frequently gave excellent grounding in the theory and practise of bedside nursing.

The Registered Nurses' Act of the Province of Nova Scotia permits a hospital with twenty beds to establish a training school for nurses. As the number of patients is not so important as the experience given, a number of hospitals had to arrange affiliations with larger institutions, and we find the student absent from her own hospital from six to fifteen months, during her most useful term of service. This expense must be borne by the small hospital.

Time passed and progress was made in the education of nurses. The standards of the schools were gradually raised, and pupil nurses were no longer considered as "cheap labour." The doctors, because of large practises and more competition, were unable to lecture to the students, and many hospitals for financial reasons could not provide either the instructors or the equipment required. In each hospital centre were a number of its graduates who were without employment and were demanding work. In addition, it was growing harder to secure good local material, as the larger institutions with higher standing and modern facilities were attracting the girls with better education.

Is it any wonder that the officials of the small hospital began to search for an alternative to the training school, as a means of furnishing a nursing service? We can readily see that a change was necessary. After considering all factors, some abandoned their schools of nursing for something else. Those who did not are faced with the problems I have outlined, with a lessening hope of a solution for them as the years go by.

The hospital which has abandoned its school, or has never had one, may adopt one of several plans for supplying its nursing requirements.

The first of these is the all-graduate registered nursing staff. It has been proved that the average graduate nurse can care for twice as many patients, on a per capita basis, as a pupil nursing staff. This materially lessens the number of nurses required. However the registered nurse demands, and is entitled to, the highest wage possible, hence this type of nursing service is admittedly expensive. When the hospital is full, the cost is justified, but the number of patients varies from day to day, and we may have a full staff and few patients, with the per capita cost of nursing greatly increased. This problem has been met in different ways. The standard is maintained to care for a fifty percent occupancy, below which the hospital rarely falls. Additional service is secured by employing the registered nurses in the community. This is successful if there are sufficient nurses readily available to meet the demand, and willing to work for the regular monthly wage, and these

are given the preference when a special nurse is needed.

Another method is to employ the required number of nurses who, during a slack period, are given a week off each month without pay but are on call if requred. This in some places is said to work well. Without a doubt, apart from the cost, a graduate staff of registered nurses furnishes the most satisfactory type of service in a small hospital. As a prominent surgeon of this Province recently stated: "A patient in a small hospital is under the direct care of the operator, and receives graduate nursing service, which is much superior to that given by students."

Another type of service may be called a modification of the first, when a reasonable number of registered nurses are supplemented by so-called nurse aids. These are girls of reasonably good appearance, intelligence and education, who enter the hospital to perform limited and well defined services. They are trained to make and serve drinks to patients; to serve and carry trays; to feed patients who are unable to feed themselves; to clean the bath and utility rooms; to sort and care for linen; to clean and dust rooms; and so forth, but in no instance are they given any responsibility in the care of the patients. In some hospitals the aids, besides these duties, are allowed to perform the routine care of patients under the supervision of graduate nurses who are responsible for their conduct. These aids are usually paid the wage of the higher domestic and may live in or out of the institution. Not having the ethical training of nurses, they are prone to carry tales for the edification of the community, and when permitted to do nursing care, pick up a good deal, and do more in practise than was originally intended. The result is complaints from the patients, and the aid leaves the hospital employ when she has acquired enough experience, to set up as a practical nurse to the financial detriment of the qualified nurse.

A third arrangement is to have a small staff of registered nurses, supplemented by the partially trained nurse—with or without nurse aids. These unregistered nurses are recruited from two main groups: those, who for some reason are unable to complete their full training, and graduates of maternity hospitals, who have received eighteen months training in obstetrics. The first group contains girls usually under par, mentally and physically, and possessed of a variable amount of training. Once in a while it yields a gem, but even then she must work under supervision. The maternity hospital graduate has the advantage of having more obstetrical experience than the average graduate nurse, and gives, as a rule, entire satisfaction in the obstetrical department; but even here she must be under supervision, especially if her duties extend to general nursing.

It seems to me, that to give adequate supervision to this type of nursing service necessitates a larger staff than is required by an all-graduate service. The worry to the superintendent is infinitely greater, and the ultimate cost is about the same.

I have tried to outline the difficulties experienced by the small hospital in securing an adequate nursing service. Let me emphasize that in each hospital it is a local problem. In solving it, seek and search for all possible help and information. Consider your patients and their needs as your primary responsibility and give them the best type of service you can afford, ever looking to future improvement.

An address delivered at the regional conference of the American College of Surgeons, Halifax, N. S.

DEPARTMENT OF PUBLIC HEALTH NURSING

A Stimulating Experience

SYRETHA SQUIRES

Department of Public Health Nursing, Newfoundland

Many of us who have been out of school for a few years, find ourselves in a position where, if you will pardon the mixed metaphors, we drop the anchor, furl the sail and promptly go to seed. Yet if anyone accused us of anything bordering on the comatose, we should immediately be full of vehement denials. We feel smug and satisfied with life, we idly skim the pages of *The Canadian Nurse* or *The Canadian Public Health Journal* and wonder how people can be interested in a subject to the vital extent of writing about it. If the writer happens to be an old classmate we find the explanation when we shrug and say: "She always was odd, and spoke out of turn in class anyway."

However our apathy is more or less shaken when a supervisor is expected. We nip up by getting our records into shape; we dig out the list of questions that we have been keeping to ask her; we get a finger wave, a shoe-shine and put on a clean uniform. Then we enjoy her visit immensely, feel ashamed that we haven't kept up with the happenings of the nursing world, long to be more like her with her poise and understanding, promise ourselves to do better and really try — then the sameness of the things gets us down and we are back where we started.

If all this has a familiar ring, may I suggest this panacea for such lethargy: just take a summer course in public health at the University of Kentucky. The course is given each year, and consists of two months of academic work and one month of field work. The lectures are given by people, outstanding in their chosen field, who are selected for personality, broad knowledge of their subject, and the gift of imparting that knowledge.

The subject of public health nursing seemed to follow Shakespeare's "Seven Stages of Man." We started with the "mewling infant" and finished off with "Alas, poor Yorick." The importance of tactful approach, unremitting friendiness and cordiality was stressed throughout, all leading to the supreme achievement of developing a public health consciousness. Discussion in class was encouraged, and by a wave of the wand a class was transformed into "a group of rural mothers" or "a bridge club" or "a group of doctors", and in one of or other of these groups we would get our innings. A member of the class would stand up and address us, and the shivering "unaccustomed- as-I-am-to- public-speaking" type would suddenly find the gift of tongues and turn into a Daniel O'Connell, full of fire and oratory. Forgotten were the days of disinterest and lethargy!

Visual material was used for teaching purposes, so that people would carry away with them a lasting impression of their problems, together with the solutions. This method was emphasized when dealing with schools, and no opportunity was allowed to slip which might make things more meaningful to

the teacher and the pupil. Apropos of this, our Director once found a bat with a broken wing. Knowing that the children in a school where she visited would be thrilled to have it for examination, she put Billy Bat in a hat-box and started on her way. Being a truthful person, she told her bus-driver the nature of the contents of the box and was promptly thrown off the bus. Nothing daunted, she tried another bus with the same result. Eventually, deciding that truth like crime does not always pay, she nonchalantly boarded a train, swinging the hat-box, and reached her destination without further ado. The children were delighted to have that bat, and proceeded to get out the encyclopedia and their nature books. Lying on their stomachs, they tried to identify his nocturnal majesty and classes were disrupted until Billy was properly catalogued and plans made for his immediate future. Time doesn't permit us to tell more about Billy, but teaching along these lines certainly tends to produce thinking, intelligent, self-reliant citizens.

We were taught the value of simplicity of words, especially when teaching our mothers. We learned that we must give the *reason* for anything we said or demonstrated. Panel discussions were advised for group and adult education. Public health, as taught by Miss Elma Rood, was the *pièce de résistance* of the whole course. Miss Rood is known in Canada and in the United States for her public health activities, and for her book on "Tubercular Nursing "which, just recently, the Mexican Government has asked to have translated into Spanish because several thousand copies are needed for their training centres and schools.

We had lectures from physicians on maternal health and child hygiene, also on health education and supervision of schools. We derived a great deal from these and were always advised of any outstanding lectures which might be open to us elsewhere on the campus. Field trips were arranged to various places, two of which stand out particularly — one led us to the Trachoma Hospital and the other to the Narcotic Farm. The latter has a bed capacity of one thousand, a theatre seating 1600 people, libraries, workshops of all kinds where men may learn trades, tennis courts, laboratories where research is constantly going on and drug addiction is being studied.

Field-work is taken in one of the County Health Departments, and a note-book is kept by the student concerning her daily activities. This is written in narrative form and when finished gives a cross section of the Department and shows its weak and strong points. The student becomes a member of the staff of the Department for a month, and learns to give inoculations and vaccinations. She also takes Wassermans, a routine procedure in some places, attends and sets up clinics, and enters into every phase of the work of the Department.

The public health nurses numbered only 42 out of 1800 students enrolled in the summer school, but I am sure that to all of us this course was an oasis in the desert. We weren't all young nurses and though some were only 21 years old, a large number were crowding fifty. All were anxious to get the knowledge that would help us do a better job in a more satisfactory way and we found that this course changed the outlook, broadened the mind, increased the ability to reason and to think. It also taught us that when our job begins to be "soft" and routine it is time to pass it along to someone else and look for another piece of constructive work. The full and satisfying life is the one with the challenging goals.

DEPARTMENT OF Private Duty Nursing

Home Nursing for All

We are indebted to Miss Charlotte Whitton for drawing our attention to an editorial which appeared recently in The London *Times*, dealing with a co-operative scheme for providing nursing service in the home. Some of its underlying principles may be applicable in Canada and deserve careful study. We quote from the article:

District nursing is nearly eighty years old. Its founder, William Rathbone, began his work in Liverpool in 1859 with a staff which consisted of one woman. Seventeen years later district nurses had won for themselves the affection and respect of the whole country—so much so that Florence Nightingale, in a letter to this newspaper, quoted an old woman as saying: "They nurses is real blessings: now husbands and fathers did ought to pay a penny per week, as 'ud give us a right to call upon they nurses when we wants they." "This", Miss Nightingale added, "is the real spirit of the thing. . . and some day let us hope that "the old woman's sensible plan will be carried out." That day has now arrived, for, thanks to the formation of the Greater London Provident Scheme for District Nursing, it is possible to secure the services of a nurse for a whole family at the basic rate of one halfpenny a week. The scheme completes the provident system of which the National Health Insurance Act and the Hospital Savings Association are the most important existing elements. It follows, so far as London is concerned, the successful pioneering work in Leicester and Rochdale; but in London it will serve the additional purpose of co-ordinating the efforts of some 150 independent nursing associations, not the least of whose difficulties is the constant movement of population from one area to another. All these associations will be invited to share in the conduct of the scheme as well as in the provision of benefits. All will find support in the large income which, as seems certain, the scheme is destined to enjoy. Thus it will be possible very soon to engage the services of more nurses, and so to overtake the arrears of work which at present are as considerable in amount as they are distressing.

The scheme offers free nursing care at home as required (subject to medical direction) to contributors and their dependents. Contributions are invited from employment and social groups — that is to say from factories or workshops and from clubs—and special terms are offered when members belong to such groups. When income does not exceed £6 a week the rate is usually one halfpenny; contributors possessed of incomes above £6 a week but not exceeding £400 a year, are required to pay three halfpennies. These trifling sums confer rights of which the existing value is recognized in every part of the country. Better still, they constitute the means of making the rights more valuable by increasing greatly the usefulness of the nursing service. Each contributor, in other words, becomes a supporter of district nursing as well as a possible beneficiary. The merit of this system has been proved already in the case of the Hospital Saving Association. Englishmen prefer such provision to charity and can be counted upon at all times to help their helpers. The new scheme deserves their full confidence. It has the cordial support of the Queen's Institute of District Nursing; Lord Athlone is president and Lord Horder is chairman of the council. Clearly success must depend to a large extent upon the support given by employers, works' managers, and welfare officers, who have it in their power to direct the attention of possible contributors to the benefits offered.

Florence Nightingale International Foundation Scholarship

A scholarship to the value of twelve hundred and fifty dollars ($1250.00) is offered by the Canadian Nurses Association to one of its members for the purpose of taking a graduate course, for the session of 1938-39, at Bedford College in conjunction with the College of Nursing, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship provides for tuition fees and for living expenses at Florence Nightingale International House.

Courses are available to meet the needs of individual students who wish to qualify in the various nursing fields of teaching, administration and public health. The number of lecture subjects which any student shall carry shall be a minimum of four and a maximum of six.

Applicants must hold a matriculation standing recognised as entrance to a Canadian university. They must be graduates of approved schools of nursing and be registered in the Province in which they reside. They must have had at least two years of professional experience following graduation and have participated in some phase of nurses' organisation work. The age limit is forty-one (41) years.

Application blanks and calendars giving full information concerning the courses may be had on request from The Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que. to whom completed applications should be returned not later than January 15, 1938, together with the necessary forms and credentials.

The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse*.

Outline of International Courses for Nurses

Group A.

(1) Public Health Nursing; (2) Family Case Work; (3) Principles of Hospital and Training School Administration.

Group B.

(1) Personal Hygiene and Preventive Medicine; (2) Social Conditions and Social Administration; (3) Elementary Psychology; (4) Advanced Psychology; (5) Ethical Principles and Practical Problems; (6) Physiology.

Group C.

(1) A Comparative Study of Modern Industrial Problems; (2) Principles of Education and Methods of Teaching; (3) History of Nursing; (4) Eugenics; (5) Tuberculosis; (6) Nutrition; (7) Public Health Administration; (8) Maternity and Child Welfare; (9) Psychiatry.

Every student will be required to take at least four courses; of these one, and one only, must be selected from Group A, and one at least from Group B. Unless special permission is given students will not be allowed to undertake more than six courses.

The selection of subjects shall be made in consultation with the Director of Studies. The final decision shall rest with the Organisation Committee of Bedford College for Women.

In the case of students with exceptional academic or other qualifications special courses of study may be arranged, but only if application has been made and particulars have been supplied before coming to England.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

This month the Canadian Nurses Association enters its thirtieth year. Within the past three decades the Association has continuously progressed in membership and activity. Membership in the national body is by virtue of membership in a provincial association of registered nurses. The present membership is now 12,500 nurses and it is recognised that there are many more, who may eventually be awakened to the professional growth achieved only by active allegiance to the organised profession.

In *Notes from the National Office* an effort has been made to keep before the reading membership the progressive activities of the Canadian Nurses Association. At the present moment some emphasis of the underlying principles of such organised activity seems opportune. These principles may be expressed in no clearer words than those of the "Objects" as stated in the Constitution:

To promote national unity among the nurses of Canada.

To elevate the standard of nursing education and practice in order to render the best type of public service.

To stimulate in its members an active interest in community welfare.

To encourage an attitude of understanding towards the nurses of other countries.

During the present month registered nurses throughout Canada are assembling in local groups to prepare their programmes for another year. As the aims of the provincial associations are expressed in similar phraseology to those of the national body, it is suggested that in the preparation of programmes, local groups could readily select one or more subjects which have a direct relationship to the enterprises promoted by the Canadian Nurses Association.

Several provincial associations have arranged for the formation of "districts" or "branches" of the provincial unit. By that plan, the individual members are provided with the opportunity to meet together, to learn of the policies, projects and problems of the provincial and national organisations. The promotion of similar districts or branches might well be given consideration by all provincial units.

When referring to experience gained by attending a provincial meeting, a student nurse is reported to have expressed herself in part: "We ought not to expect to reap the benefits of organization, to share in the privileges which are ours, without in return supporting the organization through membership." Are not these words a present-day interpretation of the motive which, in 1908, was a pre-emptive factor in the founding of the Canadian Nurses Association?

While the individual enrichment derived from active participation in local professional programmes is clearly recognised, the official organ of the Canadian Nurses Association, *The Canadian Nurse*, is of paramount reference value. Volumes of *The Canadian Nurse* record a story of the history and progress of the national association and of its component parts, the provincial associations of registered nurses—a story of organized nursing in Canada.

Nightingale Memorial

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Postgraduate School of Nursing

Woman's Hospital in the State of New York

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Gives experience in Operating Rooms and Gynecologic Wards, Delivery Rooms and Nurseries, Formula Room and Out-Patient Department. Students adjudged adequate may elect either one month as Assistant Head Nurse, or Assistant Instructor with supervision, or two weeks Social Service Visiting. Class work totals 140 hours, including Obstetric and Gynecologic Nursing and Techniques, Teaching of Nursing Procedures and an elective in either Ward Management or Principles of Teaching.

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In Obstetric Nursing gives experience in Delivery Rooms, Formula Rooms, Nurseries and Out-Patient Department with one week elective in Social Service Visiting if adjudged qualified. Class work totals 100 hours, including Teaching of Obstetric Nursing Procedures and lectures and classes in Obstetric Nursing.

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In Operating Room Technique gives experience in Operating Rooms and relief on Gynecologic Wards with one month of suture nurse experience to those who qualify. Class work totals 90 hours in Standard Techniques in Operating and Gynecologic Nursing.

GENERAL INFORMATION

Students receive $10.00 per month and full maintenance.

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Ontario

Graduate and Student Staff, Ontario Hospital, New Toronto	6.00

Quebec

Les Graduées de l'Hôpital General St-Vincent de Paul, Sherbrooke	5.00

Coming Events

Refresher Course

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in orthopaedic nursing. This course will be given on October 20, 21, 22 and 23, at the School of Nursing. The course will consist of lectures and discussions under the general heading of "A Study of Orthopaedic Nursing: its preventive and curative aspects." Lectures will deal with the following topics: The contributions of: the surgeon; the physiotherapist; the occupational therapist; the educationist; the community health worker. Round tables will be arranged in order to permit discussion of the problem from the angle of the hospital and the community. Demonstrations are also being planned. No credits will be given for this work, nor will any certificate be awarded. The fee will be $5.00. All applications should be addressed to the Secretary, School of Nursing, University of Toronto.

Theatre Week

Under the auspices of District Five of the Registered Nurses Association of Ontario, a theatre week will be held in the Hollywood Theatre, Yonge Street, Toronto, from November 1 to 5 inclusive. The proceeds will be used to meet the deficit in the Permanent Education Fund.

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Tisdall, Frederick F.
C.M.A.J., Vol. 33, No. 6, Dec. 1935, page 625

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We have been remiss lately . . . in reporting upon the lively art . . . of the silver screen . . . but having sallied forth . . . on more than one occasion recently . . . in search of entertainment . . . we are now in a position . . . to resume our rôle . . . as amateur critic . . . Let us deal first . . . with "Romeo and Juliet" . . . In our early youth . . . we saw this play interpreted . . . on the legitimate stage by a superb cast . . . and therefore attended the movie version . . . with misgivings which later proved . . . to be quite unjustified . . . There was no garbling of the noble verse . . . the provocative marchings and countermarchings . . . of Montagues and Capulets . . . in the sunlit plaza . . . were alive with gaiety and mischief . . . the swaggering Mercutio fought and died . . . the lovers whispered on the balcony . . . Juliet's funeral procession wound its way . . . between the dark cypresses . . . and so vivid was the whole picture . . . that we thought we caught a glimpse . . . of a smiling face . . . framed in an Elizabethan ruff . . . looking down from a window in Capulet's palace . . . but perhaps it was only an "extra" . . . and not the Poet himself . . . unexpectedly finding himself quite at home . . . in Hollywood . . . Lest we should be darkly suspected . . . of a snobbish emphasis upon the classics . . . we hasten to add that we attended "Captain Courageous" . . . We have a rooted prejudice against infant prodigies . . . but a strict sense of justice . . . compels us to admit . . . that Freddie Bartholomew gave a sincere and moving performance . . . although Spencer Tracy . . . as the Portugese fisherman . . . carried off the honours . . . especially in the scene . . . where the newly-caught halibut was restored . . . to his native element . . . In spite of being brought "up-to-date" . . . we think Kipling would have liked this picture . . . the breaking wave . . . the salt sea air . . . the courage of men . . . . . . all are in it . . . Yet it came out of Hollywood . . . Well, as Kipling himself once said . . . "God be praised for the infinite diversity of His creatures" . . . In another field . . . previously unexplored by us . . . we encountered the Marx Brothers . . . Groucho, Chico and Harpo . . . Out of a welter of horse-play and slapstick comedy . . . there emerged a single scene of great beauty . . . in which the hands of Harpo . . . fluttered like birds . . . over the strings . . . the "most unusual strings" . . . of his improvized harp . . . The crazy painted face . . . beneath its shameful wig . . . took on a strange austere look . . . of dignity and peace . . . and a clown rose . . . for one fleeting instant . . . to his full stature . . . as a musician . . . and as a man . . . E.J.

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OVERSEAS NURSING SISTERS ASSOCIATION

VANCOUVER UNIT: The retirement of Miss Jean Matheson, R.R.C., as Matron of the Shaughnessy Military Hospital was marked by a delightful reception held in the lovely gardens of Mrs. Bradford Heyer's residence. During the evening Mrs. J. Shepherd, on behalf of the Unit, presented the guest of honour with an evening bag. Miss Alice G. Turner, of London, Ontario, formerly assistant matron at Christie Street Hospital, Toronto, was welcomed as the new matron at Shaughnessy. Others present included Miss O. Bentley, Mrs. J. M. Brough, Mrs. King-Brown, Miss E. Cameron, Mrs. F. W. Crickard, Mrs. W. J. Dempster, Miss M. Duffield, Mrs. Fitzjames, Mrs. A. W. Hunter, Mrs. E. Helliwell, Miss K. Conway-Jones, Miss J. Johnston, Miss H. Jukes, Miss E. Lumsden, Mrs. A. W. Lang, Mrs. G. A. Lewis, Mrs. LeCappellain, Mrs. T. K. MacAlpine, Mrs. A. Y. McNair, Miss E. Martin, Miss D. Oliver, Mrs. L. D. Orr, Miss H. Rice, Mrs. J. Rose, Miss H. Stark, Miss I. Simms, Miss P. Stewart, Mrs. A. Valentine, Mrs. Wall and Mrs. Welch.

The nursing staff of the Hospital gave Miss Matheson a gold and platinum brooch and the staff of the Department of Pensions and National Health presented her with a wrist watch. The I.O.D.E. also showed their affection and respect for Miss Matheson by giving her a fitted over-night case.

Miss Matheson is a graduate of the School of Nursing of the Winnipeg General

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Session 1937-38

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For information apply to:

School for Graduate Nurses, McGill University, Montreal.

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Students may enroll for either course singly, or for both courses to be taken consecutively.

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For further particulars write to:

Miss C. V. Barrett, R.N.
Supervisor,
ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
Montreal, Canada

Hospital and prior to her overseas service was superintendent of nurses at the Royal Inland Hospital, Kamloops. Throughout her entire career Miss Matheson displayed the fine qualities of mind and heart which characterize her as a good woman and an able administrator.

THE CANADIAN RED CROSS

The outstanding features of the activities of the Canadian Red Cross during 1936 were its association with two major disaster relief operations. At the request of a committee of private citizens, the Society centralized contributions to the fund opened on behalf of the victims of the Moose River Mine catastrophe. In the autumn, the Governments of Alberta, Saskatchewan and Manitoba asked the Society to arrange for the supply of essential household equipment to some fifty thousand families, who had been rendered destitute by five years of successive drought. By the end of the year, the Red Cross had collected approximately $200,000 in money and some 57,500 articles of clothing, and 70,000 blankets, 25,000 comforters and 45,000 pairs of sheets had been distributed to the needy families.

During 1936, the Canadian Red Cross operated 39 outpost hospitals and nursing stations in pioneer districts of British Columbia, Saskatchewan, Manitoba and Ontario. Three new outpost hospitals were established last year in Northern Ontario. The Red Cross seaport nursery in Halifax was in constant operation throughout the year and cared for 1,945 women and children on their arrival in Canada.

The Highway First Aid Service, instituted in 1934, underwent a substantial development last year. Local Red Cross branches are displaying interest in the matter, and it is believed that, within the next few years, a large number of highway first aid posts will be in operation all over the country.

The number of students in the Home Nursing and Nutrition Classes showed an increase over the 1935 figures. Nearly 40,000 women and girls have taken the courses since they were instituted twelve years ago.

The Society has continued its work on behalf of ex-service men, many thousands of whom were assisted last year in various ways. The Soldiers' Clubs in Toronto and London (Ontario) are proving very popular among ex-soldiers with limited incomes.

The organization of Junior Red Cross shows still further advance. At the end of the last school year there were 10,874 branches, with a membership of 333,470. The Educational and Health Authorities again gave evidence of their growing interest and appreciation of the value of the movement.

BOOK REVIEWS

OBSTETRIC and GYNECOLOGIC NURSING, by Frederick H. Falls, M.S., M.D., F.A.C.S., Professor of Obstetrics and Gynecology, University of Illinois, College of Medicine, and Jane R. McLaughlin, B.A., R.N., supervisor of the Department of Obstetrics and Gynecology, Research and Educational Hospital, University of Illinois, College of Medicine. 492 Pages; 82 illustrations. Price, $3.50. St. Louis: The C. V. Mosby Company, 1937; Canadian Agents: McAinsh & Co. Limited, Toronto.

This book is well printed and admirably illustrated. The eighteen chapters which constitute Part One deal in a thorough and concise manner with obstetrical nursing, while Part Two is devoted to a discussion of the nursing aspects of gynaecology. Some attention (though not enough) has been

We've Decided---

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given to the preventive and public health aspects of obstetrics. The brief chapter which deals with delivery in the home is apparently only intended for the use of nurses attached to the outpatient service of a hospital. There is little in it which would help a private duty nurse to care for a patient in an ordinary home. On the whole, however, this book does give the clear and authoritative information which any student requires if she expects to become proficient in a field which is so rich in opportunity for well-prepared nurses.

A GENERAL TEXTBOOK OF NURSING, by Evelyn C. Pearce, Sister-Tutor, The Middlesex Hospital. 850 Pages with index. Illustrated. Price 15 shillings. Published by Faber & Faber, 24 Russell Square, London, W.C.1.

In this one large book (850 pages) will be found a variety of subject matter which in this country would be treated in separate volumes. This book is, of course, primarily intended for the use of English student nurses and many of the detailed procedures and techniques which it describes are not entirely applicable in this country. Nevertheless this thoroughly useful and workmanlike treatise might well find a place among our books of reference. These are in it chapters which illustrate the "why" as well as the "how" better than do some of our standard texts. The chapter which deals with the care of the dying patient, while free from all false sentiment, is yet full of quiet strength and sympathy. The very spirit of English nursing at its best animates this, and indeed every chapter.

We are obliged, however, to make a strong protest against the categorical statement with which the book begins. The italics are ours.

"A hospital is a place in which the sick are treated and nursed. Some of our large hospitals are nursing schools and are attached to medical schools; the nurses learn to nurse and the medical students are given opportunities for the clinical study of medicine and its allied sciences. *The girl who*

wishes to be a successful nurse will never, for one moment, forget that the only function of the hospital worth recording is—the cure and care of the sick.

To claim that the first and most important function of a hospital is the cure and care of the sick is, of course, to speak the truth. But to thrust aside, as not worth mentioning, its obligation to teach and enlighten not only detracts from the dignity and usefulness of the hospital but threatens the welfare of the patients which it exists to serve.

NATIONAL HEALTH SERIES. Twenty volumes. 16 mo. Cloth. Average number of words per volume, 18,000. Price per volume, 35 cents; 3 for $1.00. Published under the auspices of the National Health Council in the United States by Funk and Wagnalls Company, 354 Fourth Ave., New York City.

It would be difficult to overestimate the value of this excellent collection, the range and soundness of which is indicated by simply listing the titles and authors:

The Common Health, by James A. Tobey, Dr. P. H., Director, Department of Health Service, Borden Company;

The Healthy Child, by Henry L. K. Shaw, M.D., Clinical Professor, Diseases of Children, Albany Medical College;

The Expectant Mother and her Baby, by R. L. DeNormandie, M.D.;

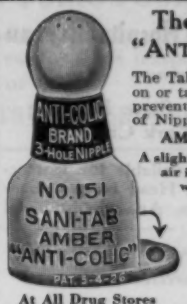
Adolescence, by Maurice A. Bigelow, D.Sc., Professor of Biology, Teachers College, Columbia University;

What You Should Know about Eyes, by F. Park Lewis, M.D., Vice-President, National Society for the Prevention of Blindness:

Exercise and Health, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers College, Columbia University;

Venereal Diseases, by Wm. F. Snow, A.M., M.D., General Director, American Social Hygiene Association, New York;

How to Sleep and Rest Better, by Donald A. Laird, Ph.D., Sc.D., Professor of Psychology, Colgate University;



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REGISTRATION OF NURSES

Province of Ontario

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The Common Cold, by W. G. Smillie, M.D., Professor Public Health Administration, School of Public Health, Harvard University.

Cancer, by Francis Carter Wood, M.D., Director, Institute of Cancer Research, Columbia University;

Diabetes, by James Ralph Scott, M.D., Chairman, New York Diabetes Association;

Food for Health's Sake, by Lucy G. Gillett, M.A., Superintendent, Nutrition Bureau, Association for Improving the Condition of the Poor, New York;

Hear Better, by Hugh Grant Rowell, M.D., General Adviser in Department of Education of the Handicapped, Teachers College, Columbia University;

Love and Marriage, by T. W. Galloway, Ph.D., Late Associate Director of Educational Measures, American Social Hygiene Association, New York;

Tuberculosis, by H. E. Kleinschmidt, M.D., Director, Health Education Service, National Tuberculosis Association, New York;

Why the Teeth, by Leroy M. S. Miner, D.M.D., M.D., Dean, Dental School, Harvard University;

Your Mind and You, by Geo. K. Pratt, M.D., Medical Director, New York City Committee on Mental Hygiene;

Staying Young Beyond your Years, by H. W. Haggard, M.D., Associate Professor of Applied Physiology, Yale University;

The Human Body, by Thurman B. Rice, A.M., M.D., Professor of Bacteriology and Public Health, Indiana University, School of Medicine.

Without a single exception these books could be read with interest and profit by student and graduate alike. Three of them —"Your Mind and You," "How to sleep and rest better," and "Staying Young beyond your Years"—deserve special attention. They would serve admirably as the basis of an informal and lively discussion at Alumnae Meetings.

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NEWS NOTES

ALBERTA

CALGARY: The Alumnae Association of the Calgary General Hospital has elected the following officers for 1937-38: honorary president, Miss S. Macdonald; honorary vice-president, Miss J. Connal; president, Mrs. R. G. Stacker; first vice-president, Miss L. Bibby; second vice-president, Miss D. Mott; recording secretary, Mrs. M. Caffrey, corresponding secretary, Miss H. Paterson, 1127-5th Ave. W.; treasurer, Miss M. Watt; executive: Mrs. E. C. Macdonald, Mrs. A. Warrington, Miss P. Boden; committee conveners: visiting, Mrs. E. G. Barker; membership, Mrs. H. Buckmaster; ways and means, Mrs. T. L. O'Keefe; programme, Mrs. C. Hope; refreshment, Mrs. F. Driscoll; press, Miss F. Shaw.

BRITISH COLUMBIA

NELSON: Miss Kathleen Gordon, public health nurse for the Kootenay District surrounding Nelson has resigned to be married. The Provincial Board of Health has expressed high appreciation of her services and the Nelson "Daily News" has this to say of her work:

"There is nothing spectacular about public health nursing. It is chiefly a matter of hard work, of a steady grind of giving service to the public. But there are not many people in Kootenay who have not heard of the extraordinary success which has been attained in Nelson by Miss Kathleen Gordon. Miss Gordon was the first to fill the position of school nurse in Nelson. When she came here she was faced with the necessity not only of establishing the department and of arranging for a routine which would permit of undertaking the many special duties which arise in nursing, especially during times of emergencies, but she had to convince a public not entirely unskeptical of the value of the work. That she succeeded is to put the matter too moderately. She succeeded so well that Nelson would no more think of being without a public health nurse than it would think of abolishing its health services as a whole."

MANITOBA

BRANDON: The Brandon Graduate Nurses Association has elected the following officers for the coming year. Honorary president, Miss Birtles, O. B. E.; honorary vice-president, Mrs. W. H. Shillinglaw; president, Miss V. Vance, Brandon Mental Hospital; first vice-president, Miss D. Longley; second vice-president, Miss Clare McIntee; secretary, Miss E. Fotheringham; treasurer, Mrs. D. L. Johnson; registrar, Miss C. Macleod; Committee conveners: social, Mrs. E. Hannah; visiting, Mrs. Grant Pearson; Citizen's welfare representative, Mrs. S. Purdue; cook book, Mrs. Speakman. The convener of the private duty section and the press representative will be elected at the October meeting.

ONTARIO

DISTRICTS 2 AND 3

OWEN SOUND: Miss P. L. Morrison, who has acted as superintendent of the Owen Sound General and Marine Hospital for the past six months, has left for Toronto where she took over the superintendency of the Dunn Avenue Hospital.

Miss R. Charlebois has obtained the position of technician and record librarian in the Owen Sound General and Marine Hospital, coming here from St. Michael's Hospital, Toronto. Miss Janet Pringle has returned to her home after holding a position on the staff of the "Empress of Japan" for

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the past two years. Miss Dorothy Meldorf, of the Kitchener-Waterloo Hospital, has been appointed instructress of nurses at the Owen Sound Hospital. Miss Grace Irwin (G. & M. H., 1935) is doing general duty at Grace Hospital, Detroit.

Married: On July 4, 1937, Miss Dorothy M. Duncan (G. & M. H., 1935) to Mr. James Coughlin.

Married: On August 28, 1937, Miss Mildred Robertson (G. & M. H., 1934) to Mr. Ross Dowkes.

Married: On September 4, 1937, Miss Alma Weedon (G. & M. H., 1931) to Mr. Gordon Cole.

District 5

Toronto: District 5, R. N. A. O. is planning a theatre week at the Hollywood Theatre, Yonge St., Toronto, from November 1 to 5. The proceeds will be used to wipe out the deficit in the Permanent Education Fund.

District 7

Kingston: The following graduate nurses of the Kingston General Hospital were married during the summer months:

Married: On May 29, 1937, Miss Alice G. Willoughby (K.G.H., 1932) to Mr. David J. McConnell.

Married: On June 12, 1937, Miss Olive M. Cain (K.G.H., 1929) to Mr. Wilfred M. Smith.

Married: On June 26, 1937, Miss Gladys G. Wylie (K.G.H., 1932) to Mr. Robert L. Weir.

Married: On July 10, 1937, Miss Marjorie E. Scantlebury (K.G.H., 1934) to Mr. Charles M. Watters.

Married: On July 17, 1937, Miss Audrey B. Graham (K.G.H., 1934) to Mr. John D. Crocker.

Married: Recently, Miss Muriel Daley (K.G.H., 1935) to Mr. Henry Porter.

District 8

Cornwall: The Alumnae Association of the School of Nursing of the Cornwall General Hospital has elected the following officers for the coming year: Honorary president, Mrs. J. Boldick; president, Mrs. H. Wagoner; first vice-president, Miss Mary Wynne; second vice-president, Miss Ruby Barton; secretary-treasurer, Miss Lena Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss Cora Droppo.

District 9

New Liskeard: The following nurses from District 9, R. N. A. O. attended the International Council of Nurses in London: Miss Foy, Red Cross Outpost, Nakina; Miss Hodgins, Miss Abernathy, Red Cross Outpost, Englehart; Miss E. Rainer, Gravenhurst Sanatorium; Miss G. Waldron,

(*Continued on page* 528)

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss I. Broadfoot, Health Unit, City Hall, St. Boniface; (4) Miss A. McIntyre, Ste. 8 Agnes Apts., Agnes and Ellice Ave., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Halliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

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Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

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Registered Nurses Association of British Columbia

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MANITOBA

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Schaub, M. Costello and Mrs. K. Cowie; *Conveners: Nursing Education*, Miss C. Jackson; *Private Duty*, Miss K. Cleghorn; *Public Health*, Miss A. Fennell.

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District 5

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Prince Edward Island Registered Nurses Association

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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Edmonton Association of Graduate Nurses

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Nelson Registered Nurses Association

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Brandon Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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